



Lahey Clinic Medical Center 2009 Community Benefits Report

Prepared by:

Mary Iodice
Manager, Volunteer & Community Services
Lahey Clinic Medical Center
41 Mall Rd.
Burlington, MA 10805
781-744-8803

Table of Contents

	Page No.
I. Introduction	2
II. Mission Statement	3
III. Community Benefits Initiative Committee	4
IV. Community Benefits Planning Methodology	5
A. Lahey Clinic Medical Center	5
Community Benefits Organizational Structure	
B. Community Health Needs Assessment.....	6
C. Designation of Community Benefits Priority Areas of Focus.....	9
D. Key Collaborations and Partnerships	10
V. Community Benefits Activities and Accomplishments - FY 2009	11
A. Domestic Violence Initiative.....	13
B. Pulmonary Disease/Tuberculosis	15
C. Geriatric Population.....	16
D. Youth Population.....	17
VI. Determination of Need Funded Programs – FY 2009	18
VII. Community Health Education Programs and Services – FY 2009	29
VIII. Charity Care	32
IX. Summary of 2009 Community Benefits Inventory of Costs	34
and Projected Costs for FY 2010	

Section I. Introduction

Lahey Clinic Medical Center (LCMC), as a major healthcare provider, strives to uphold the value of service to those members of our community in need of access to healthcare. Through our Community Benefits Initiative, and in a culture of caring commitment, we aspire to build and sustain collaborative partnerships with other community service providers, seek resources and initiate programs in the context of documented unmet health and social needs.

All levels of the staff from LCMC are dedicated to providing services through community collaborative initiatives designed to improve the health status and quality of life of residents within the communities we serve. We achieve this through a well-coordinated community benefit program, which integrates the LCMC community, community services and health education.

FY 2009 Lahey Clinic Community Benefits Initiative (LC CBI) Report serves to document the progress to date. This report builds on the LCMC Community Benefits Reports submitted for FY 1996-2008 and proposes a strategy for continuation of the LC CBI process for developing well planned programs with projected costs for FY 2010.

Section II. Mission Statement Section

Lahey Clinic Medical Center **Community Benefits Mission Statement**

- The LCMC affirms its commitment to identifying and serving the health and wellness needs of its community through a Community Benefits Program.
- The foundation of this program is based upon a collaborative initiative between LCMC employees, community leaders, representatives of community agencies, and community residents. Through collaborative planning and coalition building, LCMC strives to serve as a catalyst and a leader within the community.
- We commit to focus on the unmet health needs of residents with particular emphasis placed upon underserved and economically deprived individuals. We will assess community health needs and establish priorities. Services to improve the health status of community members will be implemented in conjunction with community providers.
- Through its ongoing Community Benefits Initiative, LCMC will maintain strong community ties by working toward promoting the health and wellness of the community members we serve. This commitment of offering community benefits services will be in alignment with LCMC's mission of providing care of the highest quality.

The Lahey Clinic Medical Center's Community Benefits Mission Statement was initially endorsed in February, 1995 by LCMC Chief Executive Officer and Chairman of the Board of Governors, John Libertino, M.D.

Section III. Community Benefits Initiative Committee

A Community Benefits Initiative Committee was formally organized in September, 1996 and meets five times a year. It serves as the main support of the LCMC Community Benefits Initiative. Participation by community agencies, resident representatives and LCMC staff members involved with community benefit programs is continually sought. The committee oversees the planning, implementation and the evaluation process. In representing the community and LCMC, members bring unmet assessed health issues to the table through sub-committees representing priority areas.

Members as of 2009:

Janet Brown, LICSW Volunteer	Rick Metters Executive Director, Boys & Girls Clubs of Woburn
Joan Butler, Executive Director Minuteman Senior Services, Burlington	Marge McDonald Director, Burlington Council on Aging
Jeffrey Doran Senior Vice President, Administration, LCMC	Donna Popkin, Director Billerica Council on Aging
Charles Franich, LICSW Burlington Community Life Center	Debralee Quinn, RN Nursing Education, LCMC
Marissa Hamilton Minuteman Senior Services	Sara Rizzari, Executive Director Atria Longmeadow Place, Burlington
Jan Hanson Community Health Network Area #15, Coordinator	Margaret Rocco Victim Advocate, Burlington Police Department
Scott Hartman Senior Vice President, Communications & Marketing, LCMC	Barbara Savage Director, Planning & Development, LCMC
Kathy Hassey, BA,BSN, MEd Director, School Health Institute Northeastern University	Carolyn Shea, Community Outreach Director Atria Longmeadow Place, Burlington
Mary Iodice Manager, Volunteer & Community Services, LCMC	Lu Shurlan, LICSW Manager, Employee Assistance Program, Quality Resources, LCMC
John Jope, LCSW, Executive Director Arlington Council on Aging	Donna Silva Coordinator, Volunteer & Community Services, LCMC Committee Chair
Peg Kennedy SHINE Program Manager Minuteman Senior Services, Burlington	Wesley Simons, Director Burlington Community Life Center, Burlington
Merle Kushner, LICSW Domestic Violence Committee Coordinator. LCMC	Laura VanZandt Executive Director, REACH, Waltham
Terri Marciello, Director of Elder Services Buzzell Senior Center, Wilmington	Beverlee Vidoli, GRI Vidoli Associates, Burlington

Section IV. Community Benefits Planning Methodology

A. Lahey Clinic Medical Center Community Benefits Organizational Structure

Internal Oversight and Management of The Lahey Clinic Community Benefits Initiative

In February 2001, Lahey Clinic's Chief Executive Officer, David M. Barrett, M.D., delegated the responsibility for administrative leadership and operational oversight of the ongoing development of the community benefits process to Senior Vice President, Jeffrey P. Doran, also a member of the Community Benefits Initiative Committee. Departmental Community Benefits budgetary oversight and responsibility for the researching and writing process for the Community Benefits Report is under the leadership of the Manager of Volunteer and Community Services, Mary Iodice. Donna Silva, Coordinator of Volunteer & Community Services is the Chair of the Lahey Clinic Community Benefits Initiative Committee.

The administrative leadership and operational oversight for continual development and coordination of the community benefit process is in collaboration with many LCMC department staff and community representatives working through the Community Benefits Initiative Committee. Lahey Clinic's Board of Governors maintains oversight authority for the development and implementation of LCMC's Community Benefits Plan.

In FY09, the LC CBI Committee continued to collaborate with community organizations, as well as CHNA #15, to implement the DoN funded programs related to Lahey Clinic's campus expansion project. Many new programs addressed the needs of senior and youth populations as well as health conditions such as diabetes and heart disease. In May, 2009 a community showcase sponsored by Lahey Clinic and CHNA 15 was held at Lahey Clinic giving community agencies an opportunity to "showcase" their programs and network with other community organizers.

In FY10, the LC CBI Committee will continue to collaborate with community organizations and local /state agencies to support initiatives directed towards unmet health and psychosocial needs of community residents across a broad service area.

B. Community Health Needs Assessment

In the spring of 2009, John Snow, Inc. (JSI) was contracted by LCMC to conduct a community health needs assessment aimed at identifying the major health concerns and health-related priorities of the residents living in LCMC's core service areas. Ultimately, the assessment was intended to guide the development of LCMC's community benefit strategy and to ensure that its community health activities were appropriately targeted and responsive to community needs. The JSI project team applied a multi-faceted approach that compiled quantitative data from federal, state and local data sources and qualitative data through a series of community interviews.

Quantitative Data:

Given the size and breadth of LCMC's service area, it was agreed that the effort would focus on a limited number of geographic areas with LCMC's expansive service area. Twelve municipalities surrounding LCMC's Burlington campus and 7 municipalities surrounding LCMC's Peabody campus were selected to focus the quantitative data component of the assessment. Below is the list of municipalities selected:

Burlington Service Area:

Burlington
Bedford
Billerica
Wilmington
Woburn
Reading
North Reading
Stoneham
Lexington
Arlington
Belmont
Winchester

Peabody Service Area:

Peabody
Danvers
Beverly
Salem
Lynn
Lynnfield
Middleton

The following is a list of the data sources that were included in the analysis:

▪ 2003-2005 Mortality (Vital Records)	▪ 2005 Births, Infant Deaths (Vital Records)
▪ 2005 AIDS Surveillance Program	▪ 2005 Division of Sexually Transmitted Disease Prevention
▪ 2001-2003 Cancer Registry	▪ 2005 Substance Abuse (BSAS) DPH funded program utilization
▪ 2000 Census Data	▪ 2005 UHDDS Hospital Discharges and Mortality

Municipality-level data was compared with county, state and national data to assess how cities and towns in LCMC's core service areas compared to broader regions and to identify disparities in health status.

Summary of Results of Quantitative Data:

Mortality rates related to chronic disease, injuries, accidents and other health status areas are generally much lower compared to state rates across nearly all the towns and cities in the analysis. However, there were a number of towns where the mortality rates were significantly higher across a number of health conditions. The cities and towns

that are most likely to have higher mortality rates than the state are Billerica, Lynn and Peabody.

Overall excellent access to care and maternal health outcomes.

Chronic Disease is the leading health problem

- Cancer (especially Lung Cancer)
- Cardiovascular Disease
- Cerebrovascular Disease
- Asthma

Low rates of STD's and other communicable diseases.

Need for health education and disease prevention.

Mental health and substance abuse are pervasive concerns throughout most communities.

Qualitative Data:

One-on-one and group interviews were conducted with key stakeholders representing the diverse public health and health care interests in the region. Interviews were conducted with approximately 30 individuals across 6 towns. Below is a list of community officials and representatives who were interviewed:

- Town Managers, Mayors
- Public Health Agents
- Public Safety Officers
- Council on Aging Representatives
- Health and Social Service Providers (e.g. YMCA's, Boys and Girls Clubs, Visiting Nurse Associations, Minuteman Senior Services)
- Regional Advocacy Groups (e.g. The United Way, Community Health Network Area (CHNA) Coordinators, Chamber of Commerce
- Community leaders

Major Objectives of Community Interviews:

- Engage the community;
- Identify health concerns and service gaps; and
- Foster important community health partnerships in LCMC's core service areas.

Summary of Findings from Community Interviews:

1. Perceptions of Lahey Clinic:

- Nearly all of the community representatives that were interviewed had a very positive opinion of LCMC and welcomed more a collaborative relationship.
- The high quality of LCMC's staff particularly with respect to heart disease, oncology and medical specialty care was highlighted.

2. Community Health Needs:

- **Chronic Disease** – There was general agreement regarding the need for more health education and health promotion geared specifically to chronic disease management, avoidance of risky behaviors, and promotion of health care access and utilization of services.
- **Elder Health Issues** – Across the board, interviewees spoke about the major health and social service needs of their older adult populations, particularly with

respect to isolation/depression, transportation, mental illness and chronic disease/wellness.

- **Mental Health** – There is widespread acknowledgement that more resources are necessary to address the many populations experiencing mental health and substance abuse problems.
- **Case Management and Care Coordination** – Many interviewed mentioned critical needs and service gaps related to case management and care coordination activities, particularly for low income populations, older adults and those with mental health issues.
- **Health/Fitness/Obesity (especially in children)** – Most people interviewed said that the needs of children were largely met but many spoke of the high prevalence of overweight/obesity in children.

3. High Risk or Marginalized Populations in Need:

- **Older Adults** – Older adults were cited by most as being at-risk and most in need of services and support.
- **Low Income Individuals and Families** – The region is generally very affluent but there are cities and towns with sizeable low income population and there are small pockets of low income residents in nearly all of the cities and towns that were part of the assessments. Many interviewed mentioned the need that concentrated in certain low income or elder housing complexes in their communities.
- **Racial/Ethnic Minority Groups** – Some interviewed cited a number of towns that have a sizeable foreign born, racial/ethnic minority populations that are marginalized and have limited access to services.
- **Adults between the Ages of 55 and 65** – A number of interviewees referenced adults between the ages of 55 and 65 as an increasingly at-risk segment of the population in their communities, particularly if they have been recently laid off or are chronically unemployed.

C. Designation of Community Benefits Priority Areas of Focus

LCMC provides community benefit programs and services to residents across a broad service area. The 2009 Community Benefits Plan concentrated on the following areas for community health improvement including:

1) assessed broad-based public health issues and 2) vulnerable populations with assessed health and psychosocial unmet needs.

Public Health Issues

- ◇ **Domestic Violence.** Domestic violence continues to be nationally cited as one of the top ranked public health problems. In Massachusetts the issue has become a focus of time, resources, and public concern from the highest government level to grass roots organizations in virtually all communities. LCMC, in collaboration with many of its community partners, concentrates its efforts on domestic violence education and prevention through the 17 year Domestic Violence Initiative/A Lahey Clinic/Community Partnership.
- ◇ **Pulmonary Issues/Tuberculosis.** With the closing of the Middlesex Hospital in 1997, there was a need for continuation of outpatient tuberculosis services for the population in Community Health Network Area #15 (CHNA #15)'s 12 communities, the Pulmonary Department at LCMC responded to a Request for Proposal (RFP) to the Department of Public Health. LCMC was granted funding to be the health care provider to help subsidize the free TB outpatient services. This service continued throughout 2009.

Designated Vulnerable Populations

- ◇ **Geriatric Population:** In response to confirmed needs, a series of Chronic Disease Self-Management Workshops (CDSM) and MyPyramid Healthy Eating Program were designed to help seniors better manage their health conditions.
- ◇ **Youth Population:** Since the start of LCMC's community benefits involvement, there has been a focus on providing services to youth at risk in a number of communities. Starting in FY 2000, a five year commitment for a total of \$165,000 Determination of Need (DoN) funding was allocated to prevent youth self destructive behaviors, in collaboration with the CHNA #15 projects which included youth representatives. In FY 05, LCMC committed to another five years of funding which, although not focused entirely on the at-risk youth population, did include programs that provided services to youth such as enhancing the Smoking Cessations Programs at the middle school and high school level, funding for a Ropes Course for Lahey Clinic's Health Adventures Program for at-risk students, as well as an anti-bullying program for middle school students.

D. Key Collaborations and Partnerships

Lahey Clinic's Community Benefits Initiative (LC CBI) process is based on the belief that the most effective way to improve the health status of a community is through the development of active partnerships with other healthcare providers, community organizations, and community members. When community organizations and individuals plan collectively to implement healthcare and other human service programs, the likelihood of successfully aligning programs with the unique needs of the targeted populations, significantly increases. **The collaborative partners of LC CBI during 2009 were:**

Domestic Violence Initiative/Lahey Clinic/Community Partnership - (DVI) - In 1992, as a result of the work of the LCMC Cluster Committee, domestic violence was selected as a top public health issue. The Domestic Violence Initiative Committee (DVI) was formed to develop and implement programs designed to prevent and lessen the impact of domestic violence. Participants include LCMC clinical and administrative staff, as well as many representatives from community agencies across the primary service area. LCMC and community representatives continue to initiate and implement educational programs to heighten awareness of domestic violence and the need for training to respond to domestic violence.

Refuge, Advocacy and Change (REACH) - Consulting organization to the DVI and DVI projects, provides expertise, advocacy and resources. In 2009, REACH received a \$10,000 grant through the LCMC DoN Program to fund its Emergency Shelter Program for individuals and families seeking refuge from lethal violence when Massachusetts emergency shelters are full.

Burlington Community Life Center - Town funded counseling agency for adolescents. The Director of Burlington Community Life Center as well as a social worker are members of the Community Benefits Initiative Committee and the DVI.

Burlington Police Department- Active in the Domestic Violence Initiative (DVI) Program.

The Burlington Business Roundtable and the **Burlington Rotary Club** - LCMC maintains an active membership in these organizations

Burlington Clergy Association- Membership and training involvement, through the Domestic Violence Initiative.

Burlington Public Schools - Co-sponsor of Health Adventures.

The Executive Office of Elder Affairs of the Commonwealth of Massachusetts The founding and lead agency for the statewide Serving Health Information Needs of Elders Program (SHINE).

Minuteman Senior Services- An ongoing oversight and collaborative partner for the SHINE Program. The Executive Director and SHINE Coordinator are members of the LC CBI Committee.

Councils on Aging- Councils in Burlington, Wilmington, Arlington and Billerica are current collaborative partners for programs such as the Intergenerational Program, Chronic Disease Self-Management Program and the Healthy Eating Program. A senior exercise program has been ongoing at the Burlington Council on Aging since 1995.

Atria Longmeadow Place, Senior Life Care Residence - Host of Community Benefits Initiative meetings. The Executive Director and Outreach Director of Atria Longmeadow Place are members of the Community Benefits Initiative Committee.

American Cancer Society – Partner in the Daffodil Days fundraisers and co-sponsor of “Look Good, Feel Better” Program.

Department of Public Health - Continues to serve as a resource for the DoN connection to the LC CBI and CHNA #15.

Community Health Network Area #15 - (CHNA #15) - LCMC is an active member of CHNA #15, an affiliate organization of the Department of Public Health. The CHNA #15 Coordinator is

an active member of the LC CBI Committee. The 2005-2010 LCMC DoN commitment of \$550,000 a year is in collaboration with CHNA #15. Through this coalition, the LC CBI has enhanced its networking with additional community organizations to gain and share information and strategically develop projects to work toward meeting unmet health and social needs.

SAHELI - Saheli, Friendship for South Asian Women is a group dedicated to helping South Asian women in Boston and surrounding areas. Saheli was founded in 1996 as an affiliate of the India Association of Greater Boston (IAGB). A representative from SAHELI is on the Domestic Violence Committee at LCMC.

Section V. Community Benefits Activities and Accomplishments – FY 2009

Designated Community Benefits Priority Areas of Focus

- A. Domestic Violence**
- B. Pulmonary Disease/ Tuberculosis**
- C. Geriatric Population**
- D. Youth Population**

A. Domestic Violence Initiative (DVI)

Mission

LCMC and its partners are committed to alleviating the public health and social problems associated with domestic violence (relationship violence) in all its forms. We are striving to be a safe place for and an accessible resource to people whose lives have been impacted by domestic violence. The Domestic Violence Initiative's goals are to:

- Heighten the public's awareness of domestic violence issues;
- Provide leadership to Lahey Clinic and the community in the area of Domestic Violence
- Train Lahey Clinic staff and work with community agencies to recognize and respond to the needs of the victims of domestic violence and maximize compliance with mandatory reporting requirements; and
- Provide crisis intervention and strive to become a safe haven for victims in need of protection and linkage with services.

Membership

Co-Chairs Dr. Alison Dick and Dr. Margaret Scott

Coordinator: Merle Kushner, LICSW

Members

- Lahey Clinic Representatives include staff from GYN, GIM, the EAP, Social Work, Emergency, Psychiatry, Security, Human Resources, Nursing, and Clergy.
- Community Representatives include the Burlington Police Department, REACH (the area's domestic violence service group), the Burlington Community Life Center, Minuteman Senior Services (MMSS), SAHELI (the area's South Asian Women's service group), the Burlington Council on Aging, and the Middlesex District Attorney's Office.

Review of FY 2009 Accomplishments of the Domestic Violence Initiative

Prevention and intervention continued to be provided for Lahey Clinic employees through the Employee Assistance Program.

Social Work staff is on-call 24 hours/day, 7days/week for trauma cases.

Bi-weekly orientation for all new staff includes information on Domestic Violence.

The Lahey Clinic employee orientation was revised and expanded.

The annual mandatory education e-learning module on Domestic Violence was implemented with Lahey specific resources.

The standardized domestic violence inservice training program was revised. Content focus is on universal screening, mandatory reporting, recognizing signs of abuse, risk assessment, special considerations for practice in the medical setting, and resource access.

On going revision of the initial patient assessment in collaboration with Nursing occurs.

In the past year REACH continued to be able to provide shelter to many, in part because of the CBI/DoN grant.

A support group for elder women experiencing relationship violence organized by MMSS with support of a CBI/DoN grant is now an ongoing group.

The “Accept the Challenge” campaign to end bullying and harassment was funded at the Bedford Middle School.

Rape Aggression Defense Training for seniors was offered through the Burlington Police Department.

An empowerment program for marginalized women through the Domestic Violence Services of Central Middlesex, Inc./Domestic Violence Services Network received funding.

January 6, DVI members participated in Intimate Partner Violence Risk Assessment training with Jacquelyn Campbell, PhD, RN.

January 21, joint meeting with MMSS Protective team and Lahey Social Workers and Case Managers occurred.

May 26, in-services held with Lahey ER nursing, MMSS, REACH, and Lahey Social Work.

May 27, DVI represented at joint Jane Doe and DPH training “Responding to the Public Health Advisory on Domestic Violence: The Role of Massachusetts Health Care Providers”.

June 19, DVI members participated in the Middlesex County DA Domestic Violence Consortium.

On October 4, SAHELI’s annual walk/run to support non-violence and their Women’s Assistance Fund was held and supported by the DVI.

On October 6, Lahey Social Work, REACH and MMSS staff held an in-service with Lahey’s Social Work and Case Management Team on Assessing and Responding to Domestic Violence

On October 6, there was a staffed informational table on Domestic Violence assessment and resources and display of the DVI quilt and the Clothesline Project at Lahey Clinic.

On October 14, Lahey’s Gynecology, General Internal Medicine and Social Work co-sponsored a lecture, open to the public, with Maureen Maskell, REACH community advocate and a survivor on Patient Care and Intimate Partner Violence: Addressing Ethical Issues and Provider Concerns.

On October 28, Lahey’s Social Work Team offered a lecture, open to the public, with Amber Franzel, LICSW of MMSS about the “Still Parenting” program (developed with a past CBI/DoN grant) and resources for elders with mentally ill adult children.

On November 5, the REACH for the Stars event was held and sponsored by Lahey Clinic.

On December 16, training for residents and fellows on assessing and responding to domestic violence was conducted with a survivor speaker, Margaret Rocco, REACH community advocate, E B Larson, manager of protective team of MMSS and Merle Kushner, Lahey Social Work

On December 16, meeting with Lahey managers was held to review responsibilities of Lahey health care providers in cases of domestic violence and abuse and to distribute materials.

Communications occurred throughout the year with representatives from REACH, the REACH advocate at Burlington Police Department, Emergency, and EAP and Social Work staff, and the Burlington Police Department to improve care collaboration and access to services. Services and safety planning were initiated for many patients while still at the hospital and for staff in need.

Domestic Violence Initiative members are represented at the Woburn District Court’s Domestic Violence Roundtable, at the Conference of Boston Teaching Hospital’s (COBTH) committee on domestic violence, and the Middlesex District Attorney Office’s Leaders in Elder Abuse Prevention Task Force.

Resource brochures are maintained throughout Lahey Clinic. Domestic violence prevention posters, with attached stickers referring to REACH and statewide resources for victims are placed throughout the Clinic. Lahey Clinic Hospital patient discharge forms contain the national domestic violence hotline number.

FY 2010 Goals

Ensure access to a safe bed and advocacy for all victims identified at Lahey Clinic - This will be accomplished in collaboration with REACH.

Continue collaboration with REACH Advocacy Program and other community partners.

Develop and meet training goals.

Develop outcome measures to assess program effectiveness.

Continue to restructure and refocus committee to work collaboratively on goals of a direct benefit to the community and high-risk groups.

Summary of Costs – Domestic Violence Initiative

FY 2009 Total Cost: \$9,300

FY 2010 projected cost: \$9,570

B. Pulmonary Disease/Tuberculosis

Tuberculosis Outpatient Clinic

In 1998, The Department of Public Health (DPH) approved Lahey Clinic Medical Center's Pulmonary Department as the site for a free Tuberculosis Treatment Outpatient Clinic. LCMC treats patients referred by local health departments, healthcare institutions, community shelters, and other sources with community linkages for evaluation of patients with suspected tuberculosis.

The TB Clinic directed by Dr. John Beamis and Deborah McManus, R.N., provides a valuable community benefit and is a resource for approximately 14 communities surrounding Burlington. The TB Clinic will continue to provide the highest quality care to all patients and provide access to those populations at risk for TB. The TB Clinic is available to any resident of the Commonwealth, but special consideration is given to more vulnerable individuals who have lack of access to treatment.

Summary of Costs - TB Clinical Services

FY 2009

Number of patient visits – 276

Total Cost - \$61,775

Revenue - \$12,783

Net Cost to LCMC – \$48,992

FY 2010 Projected Cost

Number of patient visits - 280

Total Cost - \$63,630

Revenue - \$13,118

Net Cost to LCMC - \$50,512

C. Geriatric Population

Senior Dinner Program - The Senior Dinner program provides weekly discounted meal for adults 55 and over. The program was initiated in 1993.

FY 2009

Participants – Approx. 40 weekly

Cost - \$32,180

Revenue - \$8,216

Net Cost to LCMC - \$23,964

FY 2010 projected cost - \$33,145

SHINE (Serving Health Information Needs of Elders) Program- LCMC provides office space, supplies, publicity and support to the SHINE Health Benefits Program. The SHINE counselors, certified by the Executive Office of Elder Affairs, provide free Medicare, Medicaid, and supplemental insurance counseling to community members. Community partners include Minuteman Senior Services, the coordinating agency for LCMC's SHINE Services and the Massachusetts Executive Office of Elder Affairs, the statewide oversight agency of this program. The SHINE training and coordination at LCMC is provided by Peg Kennedy, Coordinator of SHINE, through Minuteman Senior Services as well as a being an active member of the LCMC/CBI Initiative Committee. LCMC and SHINE began the collaboration in 1994.

FY 2009

Approximate # of Elders Served:100

Net Cost to LCMC- \$15,560

FY 2010 projected cost - \$16,026

Senior Fitness Program - The free program held at the Burlington Council on Aging offers exercise classes twice weekly to seniors, led by Susan Nathan, a physical therapy employee,

FY 2009

Participants – Average: 50 weekly

Net cost to LCMC - \$2,899

FY 2010 projected cost - \$2,985

D. Youth Population

Health Adventures – LCMC, in partnership with the Marshall Simonds Middle School of the Burlington Public Schools, was chosen as one of nine pilot sites (the only site in a suburban setting) for the Health Adventures Program. It was developed in 1996 and sponsored by the American Hospital Association's American Society of Directors of Volunteer Services (ASDVS). The philosophy of the program is based on identifying at-risk youths, chosen by the middle school guidance counselors and the school principal, to help raise their self esteem while making a connection between the experiential learning offered and potential job skills. Each student is paired with an adult volunteer mentor, who shares with his/her student the experience of interactive science learning, an introduction to health related careers, and positive adult role modeling.

Monthly, on nine Saturday mornings, different LCMC department professionals host the Health Adventurers by teaching from a hands-on learning curriculum involving case study. Nurses, physicians, technicians, paramedics, therapists, pharmacists, and other hospital employees discuss their professions. The participating departments include: Clinical Laboratory, Emergency and Paramedic Services, Medical Library, Medical Records, Cardiology, Nursing, Pharmacy, Operating Room, Clinical Research, Physical Therapy, Social Services, Planning, Engineering and Design.

The LCMC Coordinator of Volunteer and Community Services, Donna Silva, in partnership with the Principal Richard Connors, coordinates the program. It has been so meaningful to all participants that LCMC and the Marshall Simonds School have chosen to continue to offer the Health Adventures Program each school year with an average of ten new middle school students. In addition, the program also introduces the adolescent participants to volunteerism by planting the seeds for them to understand and appreciate the value of service to others. Each summer two to four of the Health Adventurers successfully volunteer their time in the Junior Volunteer Program at LCMC.

In 1996 at the President's Summit on Volunteerism, ASDVS was represented and made a commitment in America's Promise Book to offer thousands of adolescents the opportunity to participate in Health Adventures. LCMC's Health Adventures Program was featured in the Massachusetts section of America's Promise Review of Programs.

FY 2009

Participants: 9 students, 8 mentors

Net cost to LCMC - \$15,700

FY 2010 projected costs - \$16,170

Section VI. Determination of Need Funded Programs – FY 09

In 2004, to meet the requirements of the **DoN Community Health Service Initiatives Process** through the Massachusetts Department of Public Health (DPH), LCMC made a commitment to allocate a total of approximately \$550,000 a year over a five year period to community programs. In collaboration with CHNA #15, LCMC concentrates on many health and social needs in various communities. All recipients of DoN funds are required to evaluate the results of their programs (see form at the end of this section) and to share results, good or needs improvement, with other grantees at an annual showcase held at Lahey Clinic. Original reports are on file with Volunteer and Community Services. **The following is an update on programs completed in FY 09 utilizing Year Five Funding:**

- 1. Council on Aging Exercise Programs and Health Lectures** – The Burlington, Wilmington, Arlington and Billerica Councils on Aging all received funding for valuable programs to benefit seniors in their communities.

Burlington Council on Aging:

Tai Chi Classes – Tai Chi helps improve the balance of the elderly and helps to reduce the risk of falling. A series of Tai Chi classes were offered throughout 2009.

Exercise Classes – The “Senior Stretch” exercise classes are ongoing.

Yoga for Seniors – Ongoing throughout the year.

Exercise Bike – To be used in the fitness room.

Total for Burlington Council on Aging: \$15,000

Wilmington Council on Aging:

Tai Chi Classes – Wilmington completed two eight-week sessions of Tai Chi Classes in 2009.

Line Dancing Classes – Sessions ran continuously throughout 2009.

Health Lectures – Two sessions on Health, Nutrition and Exercise were held in 2009.

Total Control: A Pelvic Wellness Program for Woman – A seven week session meeting twice a week was conducted at the Buzzell Senior Center by the Burbank Family YMCA. The program is a gynecologist designed and medically based total body workout that puts the focus on fitness from the inside out.

Eat Better Move More Part II – A 12 week nutrition and fitness program.

Aerobics Class – Classes ran continuously throughout 2009.

Yoga Class – Three, eight week sessions were held in 2009.

Where the Athlete’s Train – This program was provided through The Competitive Athletes Training Zone (CATZ) adult fitness program. The goal is to attract “baby boomers” of Wilmington and elders that are in exercise programs and are interested in trying a new exciting endeavor.

Total for Wilmington Council on Aging: \$15,000

Arlington Council on Aging :

Low Impact Aquacise Program – This total body workout for active seniors is conducted in shallow water and is designed to improve a participant’s flexibility, strength, endurance, coordination and balance. This program ran twice weekly throughout 2009.

Tai Chi Classes – A total of 48 classes ran in 2009.

“Walk the Rink” Program – The program was held indoors at the Veteran’s Memorial Rink in Arlington. A fitness instructor led the classes that met twice weekly for 12 weeks.

Lahey Health and Wellness Program Packages – 300 packages consisting of a pedometer, carabineer first aid kit and a sun visor.

Pilates and Meditation – Three eight week sessions for a total of 24 classes were held in 2009.

Transportation by Council on Aging Van – For those who wish to participate but have no way of getting to/from exercise sites.

Total for Arlington Council on Aging: \$15,000

Billerica Council on Aging:

High Impact Aerobics Classes – Classes were held twice per week throughout 2009.

Reiki Treatment Clinic – Under the direction of Reiki Master, Rosemarie Bass, twice a month for a total of 6 hours per month.

Holistic Health Fair – Invitations were extended to licensed practitioners of Acupuncture, Reflexology, Chiropractic care, Reiki, Medication, Yoga, Massage, Qi Gong and more.

Personal Safety Course – A four week course was offered in personal safety instruction.

Purchase fitness equipment – Leg weights and stretch bands.

T-Shirts for exercise classes – For seniors who participated in exercise classes.

Training Programs in Exercise and Balance – Matter of Balance Facilitators videotape and manuals and Strong for Life Trainer’s Package were purchased in 2009.

Total for Billerica Council on Aging:\$15,000

2. Wellness Programs in Burlington, Wilmington, Billerica, Woburn and Lynnfield

Lahey Clinic and the Councils on Aging, together, continued to provide wellness programs designed to empower participants and give them the tools and confidence to take care of their health. By advocating for themselves they become connected into the health care system as an active partner in their health care.

In 2009, a new workshop, Diabetes Self Management and a new senior center, Lynnfield, was added to the program. The Diabetes Self Management workshop was integrated into the senior

centers with much success. In addition, the Wellness Programs have become a permanent part of Lynnfield's Senior Center schedule.

By teaching skills and providing tools for better choices when managing chronic illness, we foster individual decisions. Learning to eat a more nutritious diet, increasing exercise and activities and decreasing isolation are fundamental to independent living. Taking the wellness programs beyond the hospital walls speaks to the spirit of service that Lahey Clinic offers and our commitment to our communities. Evident by the growth of these programs over the past few years, from one site, Burlington, to seven and climbing, along with the continued demand are proof of the true partnership that has developed and continues to develop with our communities.

Chronic Disease Self-Management & Diabetes Self-Management Workshop

This workshop is aimed at helping participants to better manage their chronic health conditions. At the end of the six-week workshop, participants have the tools and skills to meet the challenges of chronic illness while working to do the things they want to do and continue and enhance relationships that are important to them.

Subjects who participated in the program, when compared to those who did not, demonstrated significant improvements in exercise, cognitive symptom management and communication with physicians, self-reported general health, health distress, fatigue, disability and social/role activities limitations. They also spent fewer days in the hospital and there was also a trend toward fewer outpatient visits and hospitalizations.

The Diabetes Self-Management Workshop is similar in both content and process to the Chronic Disease Self-Management Workshop and is held once a week for six weeks. The workshop is intended to heighten awareness on the issues surrounding diabetes and to promote a teamwork approach with each participant's health care professional. In 2009, the workshops were offered in Burlington, Woburn, Billerica and Lynnfield COA's. It is designed for 12 to 15 participants and each workshop was at capacity with a wait list.

"The program is fantastic. It covers all the bases. While attending the workshop, I lost 15 pounds and my A1C has dropped from 9.9 to 7.7. THANKS. J.S." - Lynnfield Senior Center.

Total for Chronic Disease Self-Management: \$16,334

Eating Healthy with MyPyramid

"Eating Healthy" is a program for seniors who want to be better educated in living a healthier more nutritious lifestyle. It is an educational and hands on program whose goal is to deconstruct MyPyramid and reconstruct it resulting in a personal nutrition lifestyle that meets the individual needs. The workshop is designed to meet weekly for six sessions. The first four are the educational component and the last two sessions are putting into practice what you have learned.

The program has been successful in both senior centers and at the Marshall Middle School in Billerica. Below are some comments from participants:

"I learned so much about eating healthy and my jeans fit better in 4 weeks. S.D." Marshall Middle School

“My doctor has been telling me to lose 50 pounds for some time and I have resisted. The Healthy Eating Program has given me a new perspective. I now weigh and measure my food, check food labels and eat a balanced diet. I lost 20 pounds so far and feel good about myself. Thank you Lahey Clinic and Margie and Karen. C.C.” - Woburn Senior Center.

Total for Eating Health with MyPyramid: \$20,000

Yesterday and Today Intergenerational Program

The Burlington, Wilmington, Billerica and Woburn Senior Centers have implemented “Yesterday and Today” Intergenerational Program with young adults and seniors from their communities.

The purpose of this program is to bring the generations together to discuss, research and understand the differences and similarities of lifestyle growing up today versus growing up in the early to mid 1900’s. In addition, the program encourages participants to recognize the courage and hardships seniors faced when they were growing up and the difficult issues facing young people growing up today. The process strives to create a bond between the generations through rich stories and personal experiences and to add to the after school experience.

Each group met three times and shared the rich stories of their childhood, mutual interests and respect for each other. For seniors, the program resulted in a positive social exchange with the younger generation. For students, the program resulted in a deeper life long sensitivity to the senior population and a clearer understanding of shared similarities and differences. The connection of generations brought joy and meaning to their day as was evident by the smiles on their faces.

Total for Yesterday and Today Intergenerational Program: \$16,333

YouCan! Steps to Healthier Aging

The YouCan! Steps to Healthier Aging is designed to contribute and support two initiatives; President Bush’s initiative Healthier US and the Department of Health and Human Services Steps to a HealthierUS Initiative. Because of the success of these Wellness programs offered through the Community Benefits Initiative, LCMC was asked by the Administration on Aging to join in this nationwide program.

The classes meet for approximately two hours once a week for 6 weeks. It has an educational portion and includes specific nutrition topics, exercise guidelines and healthy lifestyle responsibilities. The walking portion is done on an individual basis with participants keeping track of their results.

This program was successfully presented at the Burlington, Billerica and Wilmington COA’s. The COA’s reported:

- ❖ The program was well attended and participation was enthusiastic.
- ❖ Some participants, who were quite debilitated due to illness or excess weight, established where they were in terms of a healthy lifestyle, determined their goal and started working on improvement.

- ❖ ‘I love the program, I’m still wearing the step counter and it continues to challenge me every day. E.B.’ - Burlington Senior Center.

Total for YOUCAN! Eat Better and Move More: \$16,333

2. **Educational Series for School Nurses on Autism** – A joint sponsorship between the LCMC CBI Committee and the Massachusetts School Nurse Organization (MSNO). Two programs were held at Lahey Clinic to address Autism, the pervasive developmental disorder. The first program, held November 14, 2008, involved “Autism 101” as a clinical update regarding autism and the most current findings and statistics available. Also, a psycho-pharmacologist addressed the various medications used for children with autism. The second four hour program which was held on March 14, 2009, addressed just what teamwork is involved in the school setting to address the myriad of needs of children with autism. The TEAM from Shrewsbury Public Schools shared how they work together and it was well received. As a result of these programs, school nurses are better equipped to service children with autism within their schools. Since each school nurse covers 300-1,000 students each, the impact of continuing education is dramatic. The school nurses now have the most current clinical information as well as the most current resources available for families as well as for themselves.

Total for School Nurse Programs: \$5,584

3. **Nutrition Presentations and Cooking Classes** – Registered Dieticians offered a series of cooking classes at Lahey Clinic for community residents from surrounding towns. Six classes were conducted, in 2008/2009 targeted patients who have been diagnosed with diabetes or cardiac disease and are interested in learning to cook healthful meals. There were 150 participants.

Total for Nutrition Presentations and Cooking Classes: \$5,490

4. **Domestic Violence Programs** –

- a. **Emergency Shelter Program** – The program, coordinated by REACH (Refuge, Education, Advocacy, Change) provides a hotel based “safe home” model for individuals and families seeking refuge from lethal violence when Massachusetts emergency shelters are full. REACH provides a “safe home” at a hotel and advocacy services to survivors. Participants receive access to REACH victim and legal advocacy services and 24-hour hotline support.

Total for Emergency Shelter Program: \$10,000

- b. **Who Are Elders At Risk?** – Minuteman Senior Services conducted 15 informational sessions in surrounding communities. Targeted audiences included mandated reporters, such as public safety officials and hospital staff, as well as the community at large – elder law attorneys, employees

of banks and other businesses that are frequented by seniors. The agenda included an overview and philosophy of the Protective Services program, mandated reporting and reportable conditions, and myths and obstacles to reporting.

Total for Who are Elders at Risk?: \$8, 000

c. Building Capabilities: Freedom for Marginalized Women in Our Community: Domestic Violence Services Network (DVSN) –

This program provided a safe environment where women who are survivors of domestic violence can begin to envision a life that offers hope based on the internal foundation they build. Program Description: Five sessions, 90 minute workshops were held over five weeks.

The sessions helped the women develop practical skills and tools to recognize and release thoughts and fears that may limit them from identifying their capabilities.

The workshops helped women develop the skills to manage anxiety so they can be in a position to act on their strength to make decisions that are fulfilling both emotionally and economically.

Develop a plan that will prevent further re-victimization due to the power and control of their abuser.

To be healthy models for children so that the legacy of abuser/victim will not be carried forward.

Total for Building Capabilities: \$8,730

Total for Domestic Violence: \$26,730

5. **“No Smoking in My Future” - The Reeves Elementary School, Woburn** - Offered to K-5th grade, the program focused on sharing educational messages on how tobacco can harm your body. Avoiding tobacco use and smoking prevention was mixed with a show of music with spoon playing, comedy and audience participation. In this way, the children receive a non-smoking message in an entertaining way. An additional program was offered to communicate proper nutrition, fitness and smoking prevention. The focus of the presentation was to support healthy habits, a healthy lifestyle and positive self-esteem, thus leading children toward health enhancing choices.

Total for Positive Choices Presentations: \$2,150

6. **Health Adventures Program** – A Partnership between Lahey Clinic and Marshall Simonds Middle School, Burlington for at-risk youth. (See p.16 for detailed program description) Two programs were conducted in 2009.

Rock Climbing - A 2 ½ hour program at a state-of-the-art indoor rock climbing facility. Instruction was provided by two staff members for 9 students. The goal of the program is to foster self-esteem, confidence and team building among the middle school students as well as bonding with their adult volunteer mentors.

Ropes Course- A day-long series of mental and physical challenges that requires a group to utilize all of its individual and group problem solving, decision-making, communication and

leadership skills. Through fun games and trust-building activities, the middle school students and mentors move through a progression of events that promote continued bonding and recognition of the group's strengths and weaknesses.

Total for Health Adventures: \$1,400

7. **Teen Depression and Suicide Workshops** – In April, 2009, The Burlington Community Life Center conducted workshops for 10th graders on depression and suicide. The discussions focused on helping teens to identify the signs of teen depression and suicide and when to ask an adult for help.

Total for Teen Depression and Suicide Workshops: \$2,760

8. **Families First Initiative, Boys and Girls Club of Woburn** – In a recent asset and needs assessment coordinated by Social Capital, Inc. of Woburn, 71% of youth surveyed under 18 felt that programs for youth, including after-school programs are positives for Woburn. However, 67% of parents with a family income of \$10,000 to \$14,999 felt that extracurricular and after-school programs needed improvement. The Families First Program is a diverse family resource and education program that connects parents with the tools and resources to best navigate their children through school and society, while offering opportunities for families to spend time together.

Total for Families First: \$10,000

9. **“Accept the Challenge” – A Campaign to End Bullying and Harassment in Bedford – John Glenn Middle School** – The program included a presentation by Dr. Elizabeth Englander, a professor of Psychology at Bridgewater State College, on bullying prevention, cyberbullying education and prevention and violence prevention. In addition, the 7th and 8th grade students attended the “Rachel’s Challenge” assembly during the school day and their parents and the community attended in an evening session. The hope was to establish the “chain reaction of kindness and compassion” that Rachel Scott, the first victim of the Columbine High School tragedy, spoke of in a school essay when she challenged her readers to take part in such a challenge. The assembly inspired students to “Accept the Challenge” and was used as the kick off to the school’s work on eliminating bullying and violence-related offenses in the school and eventually in the community.

Total for “Accept the Challenge”: \$5,695

10. **Rape Aggression Defense (RAD) for Seniors – Burlington Police Department** – A holistic self-defense program developed by RAD Systems to be offered to senior citizens in Burlington and surrounding towns. Four officers attended the national RAD Instructor Conference and attained full certification as RAD Basic Physical Defense instructors.

Total for RAD for Seniors: \$4,819

11. **Community Education through the SHINE Program** – Minuteman Senior Services was able to expand and target their community training capabilities to people with mental health issues

who are often dependent on particular medication regimens who need assistance to navigate the complex Medicare D program and changes in medications. In addition, assistance was provided to people for whom English is a second language and are overwhelmed by the health care maze. Minuteman recruited SHINE counselors who were bilingual and were able to reach out to this population, particularly Korean, Chinese, Indian and Russian.

Total for Community Education through SHINE: \$8,000

12. Town of Burlington Transportation Fund: \$5,000

13. Trauma Services/Injury Prevention - Various programs coordinated by Lahey Clinic Trauma Services on such topics as fall risk, sports concussions, seatbelt use, drinking and driving and bike helmet education.

Total for Trauma Services/Injury Prevention: \$5,000

14. CHNA #15 and Massachusetts Partnership for Healthy Communities - \$226,460

Total FY 09 DoN Expenses: \$438,088

DoN PROGRAM EVALUATION FORM

Date _____

Organization / Agency _____

Contact Person _____ Title _____

Address

Telephone _____ Fax _____

Email

NAME OF PROGRAM

This is a: stand-alone program [] part of a larger program (name) [_____]

Population served

Time period _____ Number of sessions _____

Budget allocated _____ Total expended _____

Program goal(s)

Program objective(s)

Unduplicated count (number of participants)

Duplicated count (units of service delivered)

Program goal(s) met / unmet (if unmet, explain why) _____

Program objective(s met / unmet (if unmet, explain why) _____

Unanticipated results (positive & negative) (please list) _____

Do you plan to repeat this program? YES [] NO []

If so, when and where? _____

What changes should be made? Why? _____

If none, why not? _____

Might this program be replicated elsewhere? YES [] NO []

If so, where? _____

Comments, anecdotes

Please attach/include program evaluation summaries, printed materials, publicity, products, etc.

Section VII Community Health Education Programs and Services

Community Health, Prevention and Intervention

Smoking Prevention and Cessation Programs - Freedom from Smoking

Lahey Clinic Medical Center offers the American Lung Association's *Freedom from Smoking*© program. A nurse practitioner and certified instructors review this step-by-step plan for smoking cessation. An introductory session is presented without cost or obligation, registration for the seven-part program is \$100 per person. Regular sessions usually meet Wednesdays at 6:00 PM.

Freedom from Smoking emphasizes winning strategies to help participants adopt a non-smoking lifestyle including:

- Smoking patterns and triggers
- Stress management
- Self-image
- Coping strategies
- Symptoms of recovery
- Preventing relapse
- Fitness and exercise
- Developing a support system

Participants receive a course guide and a relaxation CD.

FY 2009

Cost to LCMC - \$11,370

Revenue - \$2,700

Net Cost to LCMC - \$8,670

FY 2010 projected cost - \$10,600

Support Groups - LCMC and LCN offer support groups through the Quality Resources/Social Services Department, and Psychiatry and Behavioral Medicine.

Support groups include:

- ◆ Alzheimer's Caregiver Support Group
- ◆ Brain Tumor Support Group
- ◆ Breast Cancer Group
- ◆ Breast Cancer Group (Lahey Clinic Medical Center, North Shore)
- ◆ Cardiac Support Group
- ◆ Cardiovascular Rehabilitation Education
- ◆ Charcot-Marie-Tooth (CMT)
- ◆ Diabetes Support Group
- ◆ Diabetes Support Group (Lahey Clinic Medical Center, North Shore)
- ◆ Gastric Bypass Support Group
- ◆ General Cancer/I Can Cope Support Group
- ◆ Hepatitis Support Group
- ◆ Ileoanal (J Pouch) Support Group
- ◆ Ostomy Association

- ◆ Kidney Transplant Support Group
- ◆ Laparoscopic Adjustable Band Support Group
- ◆ Look Good, Feel Better (Women receiving radiation or chemotherapy)
- ◆ Marfan's Syndrome
- ◆ Multiple Sclerosis Support Group
- ◆ Newly Diagnosed Breast Cancer Group
- ◆ Nutrition Throughout Cancer Group
- ◆ Ovarian Cancer Group
- ◆ Stroke Survivor and Caregiver Support Group

FY 2009

Net cost to LCMC - \$38,370

FY 2010 projected costs - \$39,520

Educational Programs and Services

Programs for Vocational Schools and Community Colleges - Clinical training, job shadowing and classroom education are provided by LCMC professionals, in cooperation with area schools. Participants include Shawsheen Vocational School, Middlesex Community College, Peabody Educational Council, Minuteman Vocational Technical School, and Greater Lowell Regional Vocational Technical School.

FY 2009

Net cost to LCMC - \$44,775

FY 2010 projected costs - \$46,100

LABBB Program - Program for special needs adolescents who are placed in competitive employment upon completion of the program.

FY 2009

Participants – 26

Net Cost to LCMC - \$69,386

FY 2010 projected cost - \$71,467

EMT/Paramedic Continuing Education - LCMC's uniquely organized continuing education program for community EMT's paramedics (often from local fire departments) offers the most technologically sophisticated, life saving treatment education. The LCMC Emergency Services Coordinator manages this program.

FY 2009

Total Program cost - \$65,500

FY 2010 projected cost - \$67,465

English as a Working Language (EWL) - This established workplace literacy model program, coordinated by Patricia McAullife of Human Resources at LCMC, assists employees achieve their GED diplomas, make career advancements, attain their US citizenship and greatly improve their ability to communicate in English with supervisors, coworkers and patients. Employees are allowed

to attend classes twice weekly on work time in a computer lab with individualized instruction. The program serves approximately 15 departments with employees from 11 countries. In FY 98 and 03 the program received an award from the Coalition for Adult Education in Massachusetts. In FY 99, the EWL Program at LCMC was chosen by the University of Southern California as one of seven to participate in a national grant studying the benefits of work-place-based educational programs. The program was featured in the October 2003 issue of Health Facilities Management Magazine highlighting Lahey Clinic's continued commitment to educate and invest for its own enhancement.

Yearly average -62 students
FY 2009 cost - \$53,322
FY 2010 projected cost - \$55,620

Donations-LCMC and LCN have made many financial donations to charitable organizations and causes, such as The American Heart Association, People Helping People, the Burlington Firefighters, the AIDS Walk, Toys for Tots and the Burlington Scholarship Foundation.

FY 2009
Net Cost to LCMC - \$35,510
FY 2010 projected cost- \$15,000

Publications - The Lahey Clinic Magazine, Health and Wellness News from the Lahey Clinic newsletter and Medical Ethics provide timely and useful information to patients and community residents, on a variety of healthcare topics and community health education.

FY 2009
Net cost to LCMC - \$402,858
FY 2010 projected cost - \$414,943

Section VIII Charity Care

Massachusetts Uncompensated Care Pool, LCMC's contribution

FY 2009

\$6,698,169

Administration of the Free Drug Program - Uninsured and underinsured patients in need of certain medications are offered free medications through the LCMC pharmacy's administration of the Free Drug Program.

FY 2009

Approximate Net cost to LCMC - \$13,557

FY 2010 projected cost - \$13,637

Free Counseling and Support Services - Individual, family, group, couples counseling and support services are provided free of charge to those in need.

FY 2009

Net cost to LCMC - \$119,718

FY 2010 projected cost - \$123,309

Psychiatry & Behavioral Medicine Consultation & Referral Services

FY 2009

Net cost to LCMC - \$38,000

FY 2010 projected cost - \$39,140

Administration of the Community Benefits Effort

Administration of Community Benefits at LCMC includes 40% of the salary of the Coordinator of Volunteer and Community Services, 20% of the salary of the Manager of Volunteer & Community Services, and a portion of the salary of the Senior Vice President providing oversight and direct involvement in the community benefit process at LCMC.

FY 2009

Net cost to LCMC - \$51,250

FY 2010 projected cost - \$52,780

Volunteer Contribution to Community Benefits

Although not considered a net cost to the organization for the Community Benefits reporting, 29,822 volunteer hours for FY 2009 were donated by volunteers at LCMC and within some of the community outreach programs. The dollar evaluation of these hours at the nationally quoted rate for the value of volunteer service per hour at \$20.25 totals \$603,895*.

* Not included in total community benefit cost

Contribution to Lives of Community Members, Businesses and Global Health Care

Lahey Clinic Medical Center, Lahey Clinic Northshore, and the Physician Community Group Practices provide job opportunities, as well as services to many community residents. The community resident employees, in turn, offer their support to local businesses, schools and other institutions. With its strong tertiary services, LCMC offers additional business benefits to its communities. Many patients travel to LCMC from all over the United States and the world. They and their families support the shopping, hotel, travel, and cultural services available in nearby areas, thereby strengthening the business environment for all.

Lahey Clinic, through the efforts of a number of medical professionals, sponsors a very strong Global Outreach Program. The LCMC Philanthropy Department coordinates fundraising for medical supplies, coordination of the program efforts, and the recruitment of physicians and other health professionals, who volunteer their time and pay travel expenses to impoverished countries in the world to deliver medical care.

**Section IX Summary of 2009 Community Benefits Inventory
of Costs and Projected Costs – FY 2010**

Designated Community Benefits Priority Area Funding:	FY 2009	FY 2010 Projected Cost
Domestic Violence	\$ 9,300	\$ 9,570
Pulmonary Issues/Tuberculosis	\$ 61,775	\$ 63,630
Geriatric Population		
Senior Dinner Program	\$ 32,180	\$ 33,145
SHINE Program	\$ 15,560	\$ 16,026
Senior Fitness Program	\$ 2,899	\$ 2,985
Total Geriatric Population	\$ 50,639	\$ 52,156
Youth Population		
Health Adventures	\$ 15,700	\$ 16,170
Total Youth Population Programs	\$ 15,700	\$ 16,170
DON Funded Programs(LC CBI/CHNA #15 Coalition)	\$ 438,088	\$ 434,304
Administration of Community Benefits	\$ 51,250	\$ 52,780
Total Community Benefits Cost	\$ 626,752	\$ 628,610
Revenue and Grants	\$ 20,999	\$ 21,318
Total Community Benefits Net Cost	\$ 605,753	\$ 607,292
<u>Community Health Education Programs and Services</u>		
Support Groups	\$ 38,370	\$ 39,520
Smoking Prevention and Cessation	\$ 11,370	\$ 10,600
Programs for Vocational Schools and Community Colleges	\$ 44,775	\$ 46,100
LABB Program	\$ 69,386	\$ 71,467
EMT/Paramedic Continuing Education	\$ 65,500	\$ 67,465
English as a Working Language Program	\$ 53,322	\$ 54,921
Donations	\$ 35,510	\$ 15,000
Publications	\$ 402,858	\$ 414,943
Total Community Health Education and Services	\$ 721,091	\$ 720,016
Revenue	\$ 2,700	\$ 2,700
Total Community Health Education & Services Net Cost	\$ 718,391	\$ 717,316
Charity Care		
Uncompensated Care Pool	\$6,698,169	\$6,698,169
Free Drug Program	\$ 13,557	\$ 13,963
Free Counseling & Support Services	\$ 119,718	\$ 123,309
Psychiatry & Behavioral Medicine Consultation and Referral Services	\$ 38,000	\$ 39,140
Total Charity Care	\$ 6,869,444	\$ 6,874,581
Total Community Benefits/Service/Charity Care Net Cost	\$ 8,193,588	\$ 8,199,189